



**155.2433. Nonconforming Certificate**

**DEADLINE:** Initial paper submission and fee must be received by 5:00 PM each business day.

**Application Review Process:**

Application Type	Step 1	Step 2	Step 3
<b>Nonconforming Certificate</b>	Pre-Application Meeting (Optional)	Staff Review	Final Decision from the Development Services Director

**APPLICATION CHECKLIST**

<p><b>The following copies shall be submitted to the Zoning Inquires Counter.</b></p> <ul style="list-style-type: none"> <li>• <b>One (1) Original Copy</b></li> <li>• <b>One (1) Digital Copy in PDF, unless indicated otherwise</b></li> </ul>			
<input type="checkbox"/>	Application Fee as established by resolution of the City Commission. See <a href="#">Appendix C - Fee Schedule</a> in the Information section of the P&Z webpage.		
<input type="checkbox"/>	Completed application with original signatures (Pg. 2).		
<input type="checkbox"/>	Proof of ownership (owner's certificate form must be completed by owner) (Pg. 3).		
<input type="checkbox"/>	A written narrative describing the specifics of the request and any supporting information.		
<input type="checkbox"/>	Current survey. <i>Surveys to be recent and must show all improvements on the property.</i>		
		<b>Nonconforming Use</b>	<b>Nonconforming Structure</b>
<input type="checkbox"/>	Any evidence to support request including:	Local business tax receipts covering each year since the use became nonconforming	An approved Development Order
		Business records such as sales receipts, invoices, tax receipts, ledger books, Internal Revenue Service filing forms, or other proof of continuous use	A previously approved Nonconforming Certificate
		Affidavits from the owner and neighboring property owners who have knowledge of the existence of the use	A survey at the time of structure was constructed or developed;
		Proof of ownership or tenancy (deed or lease). A contract to purchase shall be acceptable in lieu of a deed	A recent survey
		Utility receipts and/or record	An approved site plan, landscape plan, or permit plan

**REVIEW STANDARDS:**

A Nonconforming Certificate for a nonconforming use shall be approved only on a finding that the use has not ceased to operate or discontinued for a period of six consecutive months or longer, or for 18 months during any three-year period.

A Nonconforming Certificate for a nonconforming structure shall be approved only on a finding that the structure was constructed and/or developed in accordance with an approved development order or plan on file with the City.



City of Pompano Beach  
 Department of Development Services  
 Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060  
 Phone: 954.786.4679 Fax: 954.786.4666

**Nonconforming Certificate  
 Application**

**155.2433. Nonconforming Certificate**

<b>Street Address:</b>	<b>Folio Number:</b>	<b>Zoning District:</b>
<b>Subdivision:</b>	<b>Block:</b>	<b>Lot:</b>
<b>Representative or Agent's interest in property (Owner, Lessee, Etc)</b>		
<b>Has any previous application(s) been filed? If yes provide date</b>	Yes _____ No _____	

Landowner (Owner of Record)	Owner's Representative or Agent
<b>Business Name (if applicable):</b>	<b>Print Name and Title:</b>
<b>Print Name and Title:</b>	<b>Signature:</b>
<b>Signature:</b>	<b>Phone Number:</b>
<b>Date:</b>	<b>Email:</b>
<b>Street Address:</b>	_____ <b>APPROVED</b> _____ <b>DENIED</b>
<b>Mailing Address City/ State/ Zip:</b>	<b>As per attached Letter No.</b>
<b>Phone Number:</b>	_____
<b>Email:</b>	<b>Received, Acknowledged and Certified, by:</b>
	_____
	<b>David Recor, Development Services Director</b>
	_____
	<b>Date</b>



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OWNERS CERTIFICATE

This is to certify that I am the owner of the subject lands described in this application and that I have authorized the filing of the aforesaid application. I further certify that this request is not related to any existing violation of the zoning code.

Note: If this request is related to an existing zoning violation, please submit documentation as to the Special Master's disposition of the matter.

Owner's Name: \_\_\_\_\_

(Print or Type)

Address: \_\_\_\_\_

\_\_\_\_\_ (Zip Code)

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

(Signature of Owner or Authorized Official)

SWORN AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ by
means of [ ] physical presence or [ ] online notarization.

NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, stamp, or Type as Commissioned.)

[ ] Personally know to me, or

[ ] Produced identification: \_\_\_\_\_

(Type of Identification Produced)